

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **4058**

Registration District No. **859**

Primary Registration District No. **6128**

Registrar's No. **2**

RECEIVED FEB 2

1. PLACE OF DEATH:

(a) County **Branson**  
 (b) City or town **Branson**  
 (c) Name of hospital or institution: **Home**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **20 years** (Specify whether years, months or days)  
 In this community **20 years**

3. (a) PRINT FULL NAME **Harry E. McMahon**

8. (b) If veteran, name war **no** (c) Social Security No. **no**

4. Sex **male** 5. Color or race **white** 6. (d) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **Almerda McMahon** 6. (c) Age of husband or wife if alive **no** years

7. Birth date of deceased **Feb 10 1861**  
 (Month) (Day) (Year)

8. AGE: Years **78** Months **10** Days **26**  
 If less than one day hr. min.

9. Birthplace **St Joe** (City, town, or county) **Mo.** (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **no**

12. Name **John Walker Mc Mahon**

13. Birthplace **unk** (City, town, or county) (State or foreign country)

14. Maiden name **Mc Mahon** (State or foreign country)

15. Birthplace **unk** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Joe Mc Mahon**

(b) Address **St Joe Mo**

17. (a) **buried** (b) Date thereof **Jan 8 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **St Joe Mo**

18. (a) Signature of funeral director **Pa Thorne**

(b) Address **Branson Mo**

19. (a) **1-2-40** (b) **John T. Seale**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Janez**  
 (c) City or town **Branson**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **no**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. **no** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **6<sup>th</sup>**  
 year **1940** hour **11** minute **PM** M.

21. I hereby certify that I attended the deceased from **Jan 4** to **Jan 6**, 19**40**.

that I last saw **alive on Jan 6** and that death occurred on the **day** and hour stated above.

Immediate cause of death **Insufficiency** Duration **1940**

Due to **171**

Due to **171**

Other conditions **Bright's disease** 19**37**  
 (include pregnancy within 3 months of death)

Major findings: **no** PHYSICIAN **no**

Of operations **no**

Of autopsy **no** Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **no**

(c) Where did injury occur? **no** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work? **no** (Specify type of place) (Means of injury)  
 23. Signature **Guy B. Mitchell** (M. D. or other) **1**

Address **Branson Mo** Date signed **1-6-40**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 240-321

Date Filed FEB 6 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed R. A. Thornhill

Licensed Embalmer No. 2641

P. O. Address Baltimore Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.